

Panalba* product information

Supplied: Capsules, each containing Panmycin* Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 16 and 100.

Usual Adult Dosage: 1 or 2 capsules three or four times a day.

Side Effects: Panmycin Phosphate is well tolerated clinically and has a very low order of toxicity comparable to that of the other tetracyclines. Side reactions are infrequent and consist principally of mild nausea and abdominal cramps.

Leukopenia has occurred occasionally in patients receiving novobiocin. Rarely, other blood dyscrasias including anemia, pancytopenia, agranulocytosis and thrombocytopenia have been reported. In a recent report it was observed that three times as many newborn infants receiving novobiocin developed jaundice as control infants. For this reason, administration of novobiocin to newborn and young infants is not recommended, unless indication is extremely urgent because of serious infections not susceptible to other antibacterial agents.

The development of jaundice has also been reported in older individuals receiving Albamycin. Serious liver damage has developed in a few patients, which was more likely related to the underlying disease than to therapy with novobiocin. Although reports such as the above are rare, discontinuance of novobiocin is indicated if jaundice develops. If continued therapy appears essential because of a serious infection due to microorganisms resistant to other antibacterial agents, liver function tests and blood studies should be performed frequently, and therapy with novobiocin stopped if necessary.

In a certain few patients treated with this agent, a yellow pigment has been found in the plasma. The nature of this pigment has not been defined. There is evidence that it may be a metabolic by-product of novobiocin, since it has been reported to be extractable from the plasma (pH 7 to 8.1) with chloroform while bilirubin is not. These properties have been employed to differentiate the yellow pigment due to the metabolic by-product of novobiocin and bilirubin. However, recent reports indicate that this method of differentiation may be unreliable.

Urticaria and maculopapular dermatitis have been reported in a significant percentage of patients treated with Albamycin. Upon discontinuance of the drug, these skin reactions rapidly disappeared.

Warning: Since Albamycin possesses a significant index of sensitization, appropriate precautions should be taken in administering the drug. If allergic reactions develop during treatment and are not readily controlled by antihistaminic agents, use of the product should be discontinued.

Total and differential blood cell counts should be made routinely during the administration of Albamycin. If new infections appear during therapy, appropriate measures should be taken; constant observation of the patient is essential. If a yellow pigment appears in the plasma, administration of the drug should be continued only in urgent cases, and the patient's condition closely followed by frequent liver function tests. In case of the development of liver dysfunction, therapy with this agent should be stopped.

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DECEMBER, 1961

Egg's Cholesterol Unchanging

The method of cooking an egg does not alter its cholesterol content, according to Philip L. White, Sc.D., secretary of the Council on Foods and Nutrition, American Medical Association.

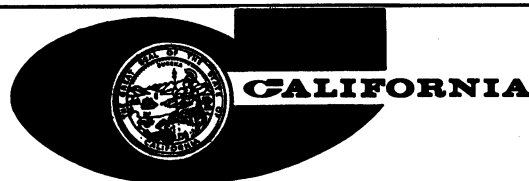
Writing in the January *Today's Health*, published by the American Medical Association, he said:

"The length of time that an egg is boiled in no way affects its cholesterol content. There are approximately 340 milligrams of cholesterol per egg, and once the egg has been laid the cholesterol value remains essentially the same."

Cholesterol is a fatty substance some medical investigators believe is a causative factor in coronary artery disease.

EOSINOPHILIC GRANULOMA OF THE APPENDIX: STUDY OF ITS RELATION TO STRONGYLOIDES INFESTATION—G. N. Stemmermann. *Amer. J. Clin. Path.*—Vol. 36:524 (Dec.) 1961.

Tuberculoid eosinophilic granulomas of the appendix were found in 16 patients. Equal numbers were found with and without symptoms. *Strongyloides* was the only parasite identified in six of ten patients who had stool examination. Eosinophilic granulomas of the appendix are probably caused by hypersensitivity to foreign protein of degenerating larvae that die after invading appendiceal wall. They are most likely to be present in hosts whose level of immunity to parasite is high enough to prevent hyperinfection, but insufficient to achieve selfcure.



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